



THE

QUESTION OF SYPHILIS

SUBMITTED TO

THE MEDICAL PROFESSION.

BY

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MEMBER OF THE LEGION OF HONOUR.

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NOTICE.

WHEN first I took the liberty to address to the Secretary of State for War my Pamphlet, intitled "*Proofs of the Non-existence of a Syphilitic Virus,*" I entertained a hope that the question—"whether there is, or there is not, a syphilitic virus"—would be inquired into by medical practitioners well acquainted with medical science, who would discharge their duty in the interest of the public, and with credit to themselves.

When, on my suggestion, the War Office and the Admiralty appointed the Committee, now sitting at the Admiralty, to inquire if there is, or if there is not, a syphilitic virus, they doubtless believed that they were naming for that purpose the most scientific and the most trustworthy professional men they could select.

How unscientifically this Committee examined me on the 6th December, 1864; and how unworthily this Committee have acted towards me, by refusing to receive my proofs of the non-existence of a Syphilitic Virus; and also by intentionally suppressing my protest and garbling the evidence I gave before them, will appear on the following pages.

DAVID MACLOUGHLIN, M.D.,
Member of the Legion of Honour.

MAY 6, 1865.

Joseph Penrudd M.D.
and his mother, subscribers

TO THE MEDICAL PROFESSION.

GENTLEMEN,

As you, alone, have the right to hold, to give, and to be heard, while giving an opinion on a pathological question, permit me, in the interest of the public, and in the interest of medical science, to call your attention to the following pathological question :—

Last year, when there was such an outcry relative to the so-called syphilitic disease in the army and in the navy, I took the liberty to bring to the notice of the Secretary of State for War the fact, that the pathology, the etiology, and the medical treatment of syphilis had never been scientifically studied in any country. I further notified to him that at this moment no medical practitioner, either in England or France, could, or can, point out the pathological differences between a so-called syphilitic ulcer, and an admitted non-syphilitic ulcer, on the genitals, or on any other part of the body. I at the same time suggested the appointment of a Medical Committee, composed of scientific medical practitioners, to study and to report, whether there is, or is not, a specific syphilitic virus ; and in the event of their reporting that there is a specific syphilitic virus, to point out what are the pathognomonic proofs of its existence.

By referring to No. 1 in the *Appendix*, you will find, that my advice was accepted and acted upon, both by the War Office and the Admiralty, and that the Medical Committee now sitting at the Admiralty was appointed at my suggestion.

On the 6th December, 1864, this Committee, for the first time, met to examine medical witnesses, as to the pathology, the etiology, and the medical treatment of Venereal diseases.

The first witness called before the Committee was myself. I came, of course, ready with my proofs that there is no such thing as a syphilitic virus; and that no medical practitioner either in England or France, could, or can, point out any pathognomonic difference between a so-called syphilitic sore and an admitted non-syphilitic ulcer on the genitals, or on any other part of the body.

Judge my surprise, after entering the examination room, to find, that without any previous attempt at any scientific pathological inquiry, this Committee had assumed that there is a specific syphilitic virus; thus authoritatively indorsing, in the year of grace 1864, the baseless pretensions of the empirics and impostors of the 15th Century!

Against this gratuitous assumption of the Committee, I at once emphatically protested; and I deemed it right to add, that as I was, there and then, ready with my scientific proofs, to demonstrate that there is no such thing as a syphilitic virus, in duty to myself, I ought to retire.*

But the President here interfered, and requested me to

* This protest does not appear in the copy of my examination. See *Appendix*, No. 2. That it was intentionally suppressed, here are the proofs: I sat on the left of the President; on my left sat the short-hand writer; the President, speaking to the short-hand writer, while I was formulating my protest, said to him, "Do not take this down, this is conversation, I will tell you when to begin taking notes."

remain, as he, and the Committee, he said, had a few questions to put to me.*

No. 2, in the *Appendix*, is a copy of my examination before the Committee, reproduced—*observe*—just as I received it from the government printer; with all the suppressions, errors, &c., of which I have here to complain, lest I should be charged with having garbled it to my advantage, and to their disadvantage.

My first object, in placing the copy of my examination before you, is to satisfy you that this Committee does not know the duty it was appointed to perform, and is unacquainted with the method of carrying out scientifically a pathological inquiry.

My second object is, to show you that this Committee having suppressed my protest against the manner they were carrying on this pathological inquiry, have assumed, I repeat, without proof or even inquiry, the existence of the questionable syphilitic virus, which it was their business to ascertain by scientific pathological researches.

I need not tell you, that the first duty of this Committee was to ascertain, whether there is, or not, a specific syphilitic

* Gentlemen, for whom I have great respect, have blamed me for remaining, and for submitting to an examination, after I had ascertained that the Committee, without any scientific researches, had assumed the existence of a syphilitic virus.

But had I retired, what honorable man could believe, that seven gentlemen of professional standing, did forget themselves so far, as to assume the existence of a syphilitic virus, which they were called on to demonstrate by scientific pathological researches!

Whereas, by remaining, I have now the proofs in my hand, that these seven gentlemen were both unfaithful to their duty, and that they did not know how to proceed to study a pathological question.

Consequently, their Report will leave the question, as to the existence of syphilitic virus—where it was—doubtful; and their Report will not be worth the ink with which it will be printed!

virus ; and if there be a specific syphilitic virus, to point out what are the pathognomonic symptoms of a primary syphilitic ulcer on the genitals, or on any other part of the body. Having done this, it was their further duty to point out the pathognomonic symptoms of the so-called secondary symptoms of syphilis ;—and finally, to determine what is the best method of medical treatment.

But, you will see by the short-hand writer's notes of my examination, *Appendix*, N^o. 2, that the Committee have not only assumed—without any scientific pathological researches—the existence of a syphilitic virus ; but that they have, moreover, assumed that everyone knows the difference between a syphilitic and a non-syphilitic ulcer on the genitals, or on any other part of the body. Without stating their grounds, they have further assumed the existence of secondary symptoms of the syphilitic virus whose existence they assume !

If, in the case of a primary ulcer on the genitals, or on any other part of the body, the existence of a syphilitic virus is more than doubtful, how is it possible to recognise this syphilitic virus, in the so-called secondary symptoms ?

The late Mr. Abernethy, by his valuable pathological researches, demonstrated, that diseases—simulating, what the empirics and the impostors have denominated secondary symptoms of syphilis—occur in individuals who have suffered from want of food, from intermittent fevers, from dysentery, &c., but who never have had a so-called syphilitic ulcer on the genitals, or on any other part of the body.*

* Had Mr. Abernethy, instead of being spell-bound by the great name of the late Mr. John Hunter, turned his attention to what are the pathognomonic symptoms of a primary syphilitic ulcer, instead of turning his attention to the so-called secondary symptoms of syphilis, he would have had the credit of teaching the medical profession that there is no such thing as a syphilitic virus.

With these facts before them, what could induce men who have a professional reputation to lose, to begin this inquiry by assuming—1st, The existcnce of a dubious syphilitic virus; and, 2ndly, by further assuming the existence of secondary symptoms of syphilis—the existence of which every well informed medical practitioner pronounces questionable?

Gentlemen, I will not do you the injury to suppose here that it is necessary to analyse for you the questions put to me by the Chairman and by each of the members of the above Committee. That they not only did not know, how to proceed to inquire, scientifically, into a pathological question, and that they were not acquainted with the pathology of the so-called syphilitic disease, your knowledge of your profession will make evident to you.

But I cannot resist calling your attention to the Questions 99, 102, 111, and 112, which will be found in the copy of my evidence, *Appendix No. 2.*

You will please to remember that all syphilidographers, whether in England or France, maintain that syphilis can only be cured by mercury.

But a member of the Committee, Dr. Balfour, on the contrary, tells us, that a large number of medical officers of the army cure every kind of primary sore, without mercury.

If this statement be correct,—if, according to Dr. Balfour, all primary sores on the genitals can be cured without mercury,—where can there be such a thing as a syphilitic virus; which, according to the syphilidographers, can only be cured by one remedy, and that remedy—mercury!

Dr. Balfour is a gentleman of standing in the profession, and comes forward, armed with all the knowldge of the pathology, the etiology, and medical treatment of syphilis

possessed by the Army Medical Department. Moreover, he is put forward to place an extinguisher on my views. Without being aware of it, and, no doubt, quite unintentionally on his part, Dr. Balfour actually proves to be a most important witness in favour of the views I advocate, namely, that all cases of ulcers on the genitals may be cured by ablution, rest, and attention to the general health—a position denied by the syphilidographers!

Dr. Balfour deserves, and he has my grateful acknowledgments, and doubtless that of every honourable member of the profession, for having stated that which is correct.

Nevertheless, immediately on obtaining the copy of the short-hand writer's notes of my examination, I waited on the President of the Committee; and I informed him that if he still continued to refuse my proofs of the non-existence of a syphilitic virus, and have them attached, as addenda, to my examination, I would refer the question to the Admiralty.

The President's reply was, that he would receive and attach to my examination whatever I might think proper to send to him.

Accordingly I sent him what I considered the proofs of the non-existence of a syphilitic virus (See No. 3 in the *Appendix*).

But, to my surprise, these proofs were twice refused.

In my letter to the President, forwarding my proofs of the non-existence of a syphilitic virus, I stated that when I suggested the appointment of a Medical Committee, I had in view that the Medical Committee should demonstrate scientifically whether there is, or not, a syphilitic virus.*

* I have since learned that the Committee were anxious to keep from the knowledge of the public that they were assembled in consequence of my pamphlet on the non-existence of a syphilitic virus. It therefore proved offensive to them to be told that it was their duty to begin their inquiry by the *alpha*, and not the *omega*, of the subject!

But finding the paragraph in my letter to that effect displeasing to the Committee, I drew my pen through it. Then, but not till then, my proofs of the non-existence of a syphilitic virus were received.

Labouring, at the time, under chronic bronchitis—from which I still suffer—I was desirous to proceed to a warm climate for the winter.

But as I felt, and as I still feel, that by my successful efforts to institute a Government Commission to investigate the subject of syphilis, I had rendered a service to the army, to the navy, and to the public, which had never been rendered by any medical practitioner, I was naturally desirous, before quitting England, to receive from the Admiralty, who are charged to see my intentions and suggestions relative to this syphilis-question carried out, some approval of my conduct in this respect.

On applying to the Admiralty, I was referred to the President of the Medical Committee, “as the *best person to estimate the value of my services.*”

I waited accordingly on the President, and, placing before him the official letter I had received from the Admiralty to that effect, I requested him to let me have his declaration of the value of the services I had rendered.

His reply was:—1. That I had rendered no service. 2. That the Admiralty had given him instructions to ascertain what is the best method of cure for syphilis; but had given him no instructions to inquire whether there is, or not, a syphilitic virus;—in other words, they had given him no instructions to examine me as to my proofs of the non-existence of a syphilitic virus. And, 3. That himself, his Committee, *to a man*, and all the profession, were against me on this particular question.

My answer was :—1. As to having rendered no service—
 “ *You are in contradiction with yourself. In your letter of the 19th May, 1864, which is in print, you tell me in terms of approbation that I have undertaken an Herculean task.* What pathological facts have you discovered since, to make you change your opinion as to the service I have rendered?* ”

2. *That the Admiralty had instructed you to state what is the best method of cure for syphilis, but had given you no instructions to examine me as to the proofs of the non-existence of a syphilitic virus. How can you give an opinion on the best method of cure for syphilis, if you have not ascertained the pathology of the disease ? ”*

3. *As to the opinion of yourself and the members of your Committee, to a man, and the opinion of the whole profession being against me on this particular subject. You, Sir, have told me that you have seen and cured 15,000 syphilitic cases by bread-pills. Are you not aware that you have thereby done, empirically, what I have done scientifically—demonstrated that there is no such thing as a syphilitic virus ?*

“ *Consequently of what value is your opinion against mine here ?* ”

“ *As to your Committee, to a man, being against me on this question, they again and again, on the 6th December, 1864, refused to hear my scientific proofs of the non-existence of a*

* “ *To breathe a suspicion of the infallibility of Mr. John Hunter, is to expose oneself to obliquity and to contempt.* ”

“ *But the love of truth, and the endeavour to promulgate it, will be deemed by honourable minds a motive sufficient, on my part, for advocating views, not only not in unison with, but in direct opposition to general opinion. The task you have undertaken is Herculean.”* —MR. SKEY—See his letter in Dr. Macloughlin’s third edition of his proofs of the non-existence of a syphilitic virus.

syphilitic virus, when I demanded to be examined thereon. Consequently, their opinion against mine, like yours, is valueless.

“ *As to the whole profession being against me, on the pathology of syphilis,—Is it not on record, and have you not seen the proof, in a much more difficult pathological question than that of syphilis, that the opinion of the whole medical profession was against me; and that in a public court of law, I dared the whole profession to come forward ‘CARTES SUR TABLE,’ and that I would prove to them, that I was right and that they were wrong.*

“ *That on the 26th February, 1840, I stood, single-handed, in a public consultation, before six of the first anatomists, physiologists, and pathologists in Europe; and a gallery of 150 to 200 medical practitioners, and that I brought them, there and then, to admit that I was right, and that they were wrong.*

“ *But these were honourable and scientific opponents.*

“ *And is it not well known to you, that two-and-twenty years ago, on this very question, Is there a syphilitic virus? at a public consultation, with the greatest syphilidographer in Europe, Dr. Ricord, I brought him to acknowledge, that by the use of his eye-sight, or by the use of his touch, he could not establish the diagnosis between a so-called syphilitic, and an admitted non-syphilitic, ulcer, on the genitals, or on any other part of the body—but that he could do it by inoculation.*

“ *That immediately acting on this declaration, I told him, that as the fluid secreted by a Herpetic ulcer of the prepuce, like the fluid secreted by a solution of continuity, of any part of the body in a state of active inflammation, WILL INOCULATE, your inoculation, as a test of the existence of syphilitic virus, falls to the ground! You have placed an error of your own in the place of the late Mr. John Hunter’s error. Consequently you have no proofs of the existence of a syphilitic virus.*

“With these facts before you,—facts well known to the profession,—you cannot suppose that I dread to meet you, Sir, your Committee to a man, and the whole medical profession of London and Paris. In a fair and public consultation on this question, “Is there a syphilitic virus?” I have no doubt that I will bring you and them, to acknowledge that I am right, and that you and they are wrong;—as I brought the six Professors to admit, that I was right, and that they were wrong, in a much more difficult pathological question than that of Syphilis.”

During this colloquy, the President, almost in the same words of approbation he had expressed in his letter, of the 19th May, 1864, was forced to admit—

1. *That I had rendered service to the public by mootling the question of syphilis.*
2. He, moreover, admitted that he could not deny, that my proofs were conclusive; inasmuch as the late Mr. John Hunter, having mistaken Herpes præputialis for syphilis, was not acquainted with the pathology of syphilis; and that he had consequently misled the medical profession on the pathology, and on the medical treatment of syphilis.
3. The President further admitted that my proofs against Dr. Ricord’s inoculation-test of the existence of a syphilitic virus could not be disputed. And
4. He finally admitted he did not know one symptom pathognomonic of a syphilitic virus!

But it is fair to add, the President had a doctrine of his own, which he obligingly communicated to me, namely,—

“That where great numbers of men and women are collected together, he was satisfied that there syphilis can be generated!!!”

Our conversation was brought to a termination by the President requesting me to leave, with him, the letter I had received from the Admiralty; and at the same time he promised to send me, in a few hours, his declaration as to the value of the services I had rendered the public. The conference, thus far precise, having been carried on in a manner worthy of gentlemen who respect themselves, we mutually declared that the question at issue was a scientific, not a personal one, and we shook hands at parting.

A few hours after, I was favoured with a letter from the President—a letter, of course, containing his promised testimony to the value of my services to the public. “Much obliged to you, Mr. Skey,” I said to myself, as I broke the seal of the envelope; and having done so, I put on my spectacles. How little I knew the extent of my obligation till I had read Mr. Skey’s note!—a beautifully written note conveying to me the thanks of himself and his Committee for the evidence, which in common with other medical gentlemen, I had given before them. Nothing more!—I beg pardon!—It concluded with a neatly expressed apology, for till then omitting, “that essential part of his duty as the representative of the Committee!” And this ironical compliment—this miserable subterfuge, Mr. Skey was not ashamed to address to the man who had suggested to the Government the appointment of the Medical Committee of which he, Mr. Skey, is the Chairman! (See *Appendix*, No. 4.)

In the interest of medical science, in the interest of the War Office, and in the interest of the Admiralty—who have in confidence, accepted and who have acted on my suggestion, by appointing the above Medical Committee to

inquire, Is there a syphilitic virus? yes, or no?—I deemed it right to return to Mr. Skey his evasive communication for reconsideration. Up to this hour, I have heard nothing further from him.

To myself, the result of my interview with the President of the above Medical Committee, I need not say, has been somewhat disheartening;—inasmuch as I have been deprived of the legitimate approbation I might otherwise claim from the Admiralty and from the War Office, for having suggested to them the necessity for appointing a Medical Committee to report, “Is there, or is there not, a syphilitic virus?”

The profession to which I have the honor to belong will, no doubt, come with me to the following important conclusions:—First, that the gentlemen composing the above Medical Committee, are unacquainted with the method of carrying out scientifically a pathological inquiry. Secondly, that these gentlemen know nothing of the pathology of Syphilis. Thirdly, that, in their refusal, on their examination of me, to receive my proffered proofs of the non-existence of a syphilitic virus, they have abused the confidence reposed in them by the War Office, and by the Admiralty. And, fourthly, that they will produce a myth based on imagination, instead of a Medical Report based on trustworthy pathological facts.

I have the honour to be, Gentlemen,

Your obedient Servant,

DAVID MACLOUGHLIN, M.D.,

Member of the Legion of Honour.

LONDON, May 6, 1865,

34, Bruton Street, Berkeley Square, W.

P.S.--Previously to my quitting London in February last, I placed before the Chairman, for examination, the names of gentlemen who, though not going the length with myself that there is no such thing as a specific syphilitic virus, yet actually prove it by the treatment they pursue. On my return to London, on the following April, I found that not one of these gentlemen had been examined! The Medical Committee, appointed to inquire if there is or not a syphilitic virus, were still continuing to examine gentlemen who, like themselves, assume that there is a syphilitic virus, without being able to point out one symptom, pathognomonic of a syphilitic virus! It was evident that this Committee were determined not to call before them gentlemen who had a doubt as to the existence of a syphilitic virus.

Therefore I took the liberty to address a letter to the Admiralty on the 20th April, 1865, a copy of which will be found at No. 5 in the *Appendix*; and also in the *Appendix* No. 6 is the copy of a letter which I received from the Admiralty in answer to mine.

It now remains to be seen if the Medical Committee, will awake to a sense of their duty, and prove themselves equal to the confidence reposed in them by the Government, by frankly, honestly, and scientifically inquiring if there is, or not, a syphilitic virus.

APPENDIX.

[No. 1.]

The following is a copy of a letter I have received from the Admiralty:—

SIR,

I am directed by the Duke of Somerset to acknowledge your letter of the 1st instant, and in reply, to inform you, that the Board of Admiralty and the War Office have decided to appoint a Joint Commission to inquire into the subject of syphilis in the navy and army, which course was urged upon the Board by yourself, in connection with the pamphlet addressed by you to the Secretary of State for War.

His Grace desires me to add, that you are at liberty to make any use you think proper of this communication.

I am, Sir,

Your obedient Servant,

(Signed) A. BUCKLEY.

DR. MACLOUGHLIN.

[No. 2.]

MINUTES OF EVIDENCE *taken at the Admiralty before a Committee on Contagious Diseases in the Army and Navy.*

TUESDAY, DECEMBER 6, 1864.

Present :

MR. SKEY, *in the Chair.*

DR. WILKS.

MR. QUAIN.

MR. COCK.

DR. DONNET.

DR. BALFOUR.

MR. SPENCER SMITH, *Secretary.*

David Macloughlin, Esq., M.D., examined.

Chairman.—1. How long have you entertained your opinions on the subject of Venereal Disease?—Forty-eight years.

2. I presume that, considering the lengthened period during which your attention has been directed to the subject, you have witnessed the disease frequently in all its forms, both primary and secondary: I mean what you term the “so-called” syphilis?—Yes, in France, where I was in practice for twenty-seven years, I made it a study in this way: whenever a gentleman or anyone else came to consult me, if he was willing to state where he had contracted this ulcer upon the genitals, I immediately sent a surgeon or the Inspector of the Police to examine the woman, if she was upon the town, and to report. It was excessively seldom that I found a report brought to me that the woman was diseased; that she had anything the matter with her. The consequence was that I treated it as a common sore. During the whole time that I was there, namely, twenty-seven years, during which I followed the thing carefully, I had only one single individual (whose case is reported

in my pamphlet) who was stated to be suffering from secondary symptoms. H. C. was a young man who had never had any connection until he came to Paris; he there had one connection; he went to another woman the next night. I saw him the day afterwards, and he showed me a sore upon his yard. I told him to take a warm bath, to wash and keep quiet, and that it would be well in a few days: he was well in three days. He went two or three days afterwards to dine out—he was an American—he got beastly drunk, was taken to his bed, and was very ill with vomiting, &c, during the night-time. I was not sent for; two medical men were sent for, and they administered a bath. He was taken with hives, &c.; he rubbed himself very much, and the next morning he was in blotches all over. In the whole twenty-seven years and more that I was there I saw ten cases per month; I must have had about 3,000 cases in the time, and in all that number there was only this individual whose case was reported to be a case of secondary symptoms. Dr Biet was called in, the first medical man on cutaneous disease; he declared it to be a case of secondary symptoms; upon which I got hold of the two females. I went through the whole of the bawdy-houses in Paris, and I brought those two females forward; they were examined by five or six or more medical men, and they had no disease, and had never had disease. Therefore, this man's was not a secondary symptom. I mention that because that is one of the strongest cases which I had.

3. Am I to understand you to deny the entire existence of any and all sores obtained by sexual intercourse capable of producing secondary disease in the form of eruptions, or that you deny the particular form of disease characterized by induration, and described by Mr. Hunter?—First of all, I have Mr. John Hunter's book here, and with every respect which I have for him, I say that he erred; in the first instance, he did not know the disease.

4. I will repeat the question. Am I to understand you to deny the existence of all and any sores obtained from sexual intercourse capable of producing secondary disease in the form of eruptions, or that you deny the particular form of disease characterized by

induration, and described by Mr. Hunter?—I must answer the question as I understand it. Mr. Hunter did not know the disease. I have his book before me. He went haphazard. He states here that syphilis is caused by virus, and that the same virus will cause gonorrhœa. Therefore, if he is in error here upon the basis, he is not worthy of arresting your attention if he does not know the disease itself, because none of us here will presume to assert that gonorrhœa and syphilis are caused by the same virus.

5. Will you be good enough to state whether you repudiate the existenee of all sores whichh producee seeondary symptoms, or whether you only repudiate those whieh are the produce of the hard chanere of Mr. Huunter?—First of all, is it a proof of the hard chanere of syphilis? Certainly not; because, fifty-three years ago, two medical men on the same question, perfectly healthy young men, applied caustic to demonstrate that a hard base will follow. You must be perfectly satisfied that disease upon the genitals is caused by no other thing than by venereal. If you go abroad you will find them applying caustic to the genitals, as in my time they used to apply quick-lime to their eyes to destroy the sight.

6. I observe that you refer to herpetie disease of the prepuee as a source of error on the part of Mr. Hunter.—Exactly so.

7. Are you aware of any other simple diseases of this region (the glans penis) which are liable to be confounded with syphilis? —If you go to Paris (and it was so when I first went there in 1815), they eall all uleers on the genitals, syphilitic. Dr. Biet said “that no medical man could point out an uleer on the genitals to be syphilitic, but that they could point it out when it became a seeondary symptom,” and I took him at his word, and proved that he was wrong in this young man’s case.

8. Then you answer that question in the affirmative, that there are other diseases; but in your pnblicieation you speak only of herpes præputialis?—This was written merely for the moment.

9. If it could be proved to your conviction, that a given form of primary sore on the genitals of the male was almost universally followed by definite constitutional symptoms in the form o! erup-

tions ushered in by febrile symptoms, would it lead you to qualify the opinions which you entertain on the subject of syphilis?—Without more than common attention to secondary symptoms, I doubt very much whether I could be convinced fairly that a certain ulcer upon the genitals would be followed by a certain eruption. First of all, if you have not the symptoms by which you can state the syphilis, all the rest must go for nothing.

10. I will repeat the question. If it could be proved to your conviction, that a given form of primary sore on the genitals of the male was almost universally followed by definite constitutional symptoms, in the form of eruptions ushered in by febrile symptoms, would it lead you to qualify your opinion?—Certainly. I am open to conviction if I could see any one who could convince me, but I have in France debated the question again and again with the medical men there.

11. I will read a few short paragraphs from your book. At page 7 you state, "In conclusion, what I contend for is this, that the slightest wounds on the fingers and toes are cured in a few days by rest and ablution, without any bad consequences occurring. That, in the act of sexual intercourse, in the state of orgasm in which the genitals of the man and woman are, the genitals of the man, or those of the woman, or both, may be wounded; that these wounds can be cured by rest and ablution without any bad consequences following any more than follow the cure of the simple wounds on the fingers or toes. But if the slightest wounds on the fingers or toes are neglected, buboes in the groins or the axillas take place, the constitution sympathises, and too often death follows. And if the slightest wounds in the genital organs of the man or woman are neglected, if rest and ablution are not attended to, buboes occur, the constitution sympathises, and death too often is the consequence; and this unhappy result occurs without requiring the aid of a specific syphilitic virus." That paper may be supposed to have been written some time since; do not you think that you have a little drawn upon your medical imagination in the severity of the thing, when you talk of the slightest wound leading to death, and is it the kind of statement which you would like to go abroad

as yours? Have you frequently seen the slightest wounds of an ordinary character leading to death, or the slightest wounds in the genital organs of a syphilitic character leading to death?—I hold strongly to what I have written, because I am not aware that I have drawn upon my imagination; I am not conscious of having done so.

12. If I recognise a sore on the male organs following promiscuous intercourse at a given and regular period, although I may be prepared to admit the possibility of its very occasional occurrence spontaneously (I mean without sexual intercourse), do you consider that I am not warranted in regarding it as a venereal sore? Certainly not; you must have sexual knowledge.

13. You mean to say that it admits of no possible exception?—I am not aware of any. There are two ways of ascertaining whether there is syphilitic disease or not, which are these, one the symptoms, and the other treating all sores on the genitals as if they were entirely common sores, as, in fact, I have done for forty-eight years, and watching the effect. The surgeons of the army and navy are the proper persons to carry it out.

14. Do you consider that your opinions on the non-existence of syphilis obtain confirmation upon the facts stated at pages 20 and 21 of your pamphlet, relative to the large proportion of diseased men to healthy women at Valenciennes, as given by Dr. Evans?—Entirely.

15. You think that they corroborate and confirm your views?—Yes, I was there, and I can vouch for what Dr. Evans has stated; it is forty-nine years ago; it confirms what I have myself had in my own private practice.

16. If it could be proved to your conviction, that a given sore on the male organ following promiscuous intercourse, accompanied by thickening or hardness, was followed almost invariably by eruption on the skin, and febrile symptoms ushering in that eruption, whether treated by mercury or not, would it influence your opinion as to the non-existence of syphilis?—I should remain of the opinion that I now entertain, that there is no such thing as syphilis.

17. I will repeat the question. If it could be proved to your conviction, that a given sore on the male organ, following a promiscuous intercourse, accompanied by a thickening or hardness, was followed almost invariably by eruption on the skin and febrile symptoms, whether treated by mercury or not, or whether there was no treatment, or any treatment, would it influence your opinion as to the non-existence of syphilis?—When I have seen such a thing I will form an opinion; but I speak of my knowledge now of the fact, that I have never seen such a case.

18. If I could show you such a condition of things, would it not influence your judgement?—If I am to judge for myself, I must speak for myself. I am fully aware, that at this moment, in this country, secondary symptoms are looked upon as existing; from my own practice and observation I am not aware of it.

19. I venture to call your attention to a description which you have quoted as opposite at page 45 of your book, namely, a comparison between the hard chancre described by Mr. Hunter, and the herpetic sore which is described by Dr. Bateman. "Mr. John Hunter tells us that the pathognomonic symptoms of a chancre are: that it begins by an itching on the part, that a small pimple full of matter appears, which breaks and forms an ulcer, thickening of the parts comes on, which is of the true venereal kind, is very circumscripted, terminating rather abruptly; the ulcer has the edges a little prominent, and its base is hard, which hardness is a proof of the existence of a syphilitic virus." Dr. Bateman says—"The attention of the patient is attracted by extreme itching with some heat, and on examining the prepuce he finds one, or sometimes two red patches, about the size of a silver penny, upon which are clustered five or six minute transparent vesicles, which, from their extreme tenuity, appear of the same red hue as the base on which they stand. In the course of twenty-four or thirty hours, the vesicles enlarge and become of a milky hue, having lost their transparency, and on the third day they are cohered, and assume an almost pustular appearance. They commonly break out about the fourth or fifth day, and form a small ulceration on each patch. These have a white base with a high elevation of the edges, and by

an inaccurate or inexperienced observer, it may be readily mistaken for chancre, more especially if an escarotic has been applied to it, which produces such irritation, as well as deep seated hardness beneath the sore, such as is felt in true chancre. This eruption is particularly worthy of attention, because it occurs in a situation where it is liable to occasion a practical mistake of serious consequence to the patient." I ask you whether you see any analogy between those two?—Very great.

20. You state, "I leave every one acquainted with medical science to form their own opinion in what Mr. John Hunter's description of the pathognomonic symptoms of a chancre differs from Dr. Bateman's description of herpes præputialis, and what grounds Mr. John Hunter has to say, that the hardness at the base of an ulcer on the prepuce is pathognomonic of the existence of a syphilitic virus." You see an identity?—Entirely.

21. I want to know whether you see no broad distinction of a very positive character between the two?—Certainly not. Mr. Hunter did not know herpes præputialis; if Mr. Hunter had known the disease he would have mentioned it. Mr. Hunter has taken herpes præputialis for syphilis; I have been in warm climates, and I have had herpes very frequently; if I took Burgundy wine I was sure to have herpes, and the hardness which is there stated has remained upon myself for weeks after the ulcer has been healed.

22. Here is another sentence—"Every one who has seen an herpetic eruption on the prepuce is aware that the ulcer which takes place has a hard base, that every solution of continuity on the prepuce has a hard base."—Certainly.

23. Not on the gland?—No.

24. And that if caustic is applied to a perfectly healthy prepuce, the ulcer which follows has a hard base—we have Mr. John Hunter's chancre?—Yes.

25. If you take the case of a young man of twenty-one settling in London from the country, and indulging in promiscuous intercourse with women, the great probability is that he will shortly become the subject of gonorrhœa?—Certainly.

26. And if gonorrhœa, which is a venereal disease, why not sores of any and all kinds?—Gonorrhœa is not positively a venereal

disease. A gouty man may have, and very often does have, twice a year, gonorrhœa without any connection whatever. Not one hundred miles from this very house, there is a gentleman very high up in the world, who has gonorrhœa once, and very often twice in the year, without any connection. He knows it—he looks at his genitals every morning, he sees that they begin to weep, he knows that in a few days his eyes may be attacked, and that the weeping will subside; a short time after that gout comes on, his gonorrhœa has gone, and his eyesight is relieved.

27. It is rheumatic gonorrhœa?—Yes; he has had that to my knowledge for twenty-five or thirty years.

28. Do you consider that the absence of proof, and the difficulty of obtaining proof of the existence of disease in such women, favours your views of the non-existence of syphilis?—No man who understands his profession can state that a woman is or is not attacked with gonorrhœa—no man can distinguish gonorrhœa in a female.

29. Do you consider that the difficulty of obtaining proof of the existence of any disease in women favours your views of the non-existence of syphilis?—I will not give an opinion unless I have the woman examined.

30. Suppose that you examine twenty women, and that the result of that examination is, that out of those twenty women eighteen are free from disease of any kind, and yet that out of forty men who have had intercourse with those twenty women, thirty have gonorrhœa, one in one form and another in another, or chancre, one in one form and another in another, do you consider that absence of disease on the part of the female favours your views, and gives force to your views on the non-existence of syphilis?—There is no question of it.

31. To what cause do you attribute the secondary diseases following primary sores, where mercury has not been employed?—I am not aware that I have seen that in my own practice. You must go and inquire minutely, and it is very difficult to obtain a proper result, but I speak of my own practice.

32. My former question carried it on a step further, and said, “where mercury has not been employed.” If it could be proved

that a case came into the hospital on a certain day with a certain sore, and that the surgeon attending it predicted a secondary eruption, and that that eruption appeared within a week of the time at which it was predicted, and if you had a multitude of such cases without a particle of mercury being administered, would it influence your opinion upon the non-existence of syphilitic disease?—I can only speak from my own knowledge.

33. Have you ever witnessed this class of symptoms in the persons of females in a respectable station of life, or in young persons prior to the age of puberty?—Eruptions one has very often witnessed in children at the breast, but they arise from an error in diet.

34. Your opinions are not modified by anything which you have seen of late years?—Certainly not. I have been round the Lock hospitals here, and I have seen nothing to change my view, nor to lead me to assume that anything was syphilitic.

35. I witnessed a case the other day, of a man who had had a sore upon the foreskin, within two months he had an ulcer upon his forehead, he had sore throat, and he had an eruption all over his body; the sore throat was of a destructive character, it destroyed his soft palate, and it attacked the back of the fauces; he had a large ulcer upon his forehead throwing out a purulent ichor. The man seemed in a very advanced stage of physical destitution as regards health, he had not taken a particle of mercury, and he had had nothing but the simplest treatment from the commencement of his attack. I must not ask you, I suppose, how you would explain that case, because you have not seen it, but I have seen it, and I should like to know what explanation you would give of such a case as that?—If you look back, you will see, that twice in my life I had destitution to a great extent, that I was in the north of France in the years 1815, 1816, 1817, and 1818. I saw there secondary symptoms without end. I was quartered in the country. I practised amongst the natives gratis, and the consequence was that my rooms were filled every morning with patients of all descriptions. I saw there a disease of the same kind as I had seen in Canada, it was called the Canadian pox, all arising from want of

food, that is to say, from starvation. I have been in the place where it occurred.

36. A part of your pamphlet is devoted to these very cases to which you are now alluding, namely, constitutional disease depending upon want of food, that is to say, destitution; but I should like to bring before you the distinction between the class of cases which you have quoted here.—Before coming to that, we should settle the question whether there is such a thing as syphilis? If there is no primary disease there can be no secondary.

37. You state at page 59, "It is evident that if the above diseases can be induced by any other cause than by a syphilitic virus, the syphilidographers have no right to assume that the above diseases are caused by a syphilitic virus." I see no parallel, or a very remote parallel, between these cases which you have mentioned, and those cases of secondary disease which appear to me, and to others around me, to be the specific indication of a syphilitic or a venereal poison. You say, "Are these diseases pathognomonic of a syphilitic virus, or can they be induced by no other cause than a syphilitic virus? It is evident, that if the above diseases can be induced by any other cause than by a syphilitic virus, the syphilidographers have no right to assume that the above diseases are caused by a syphilitic virus." That admits, perhaps, of a little different interpretation, as I put to you just now, with regard to the occasional occurrence of a sore. "Thus, every medical practitioner knows that males are more subject to ulcers in the throat from birth to 40 years old than females?"—Certainly.

38. You do not describe the character of the ulcer?—All kinds of ulcer.

39. "That these ulcers occur in consequence of indigestion, or of costiveness, or of a cold, &c., and that they are in a few days cured by a mild laxative and rest in bed. As to cutaneous diseases, is it not known to the medical profession that cutaneous diseases were far more prevalent before the so-called syphilis was thought of? Did not the Arabian physicians teach us to cure cutaneous diseases by the now-called mercurial ointment centuries before syphilis attracted attention? Hence the use of mercury for the

cure of the so-called syphilitic diseases?" I need not call upon you, a physician of great experience and discrimination, to note (which you will do, I am sure, and I presume have done, with your wonted accuracy) the resemblance or identity or the dissemblance of the two forms of disease. You speak of eruptions indiscriminately; you know perfectly well, as well as I do, that eruptions are of an infinite variety; you do not specify their character. Then you say, "As to pustulous eruptions, nodules, necroses, &c., &c. In 1755 the United States of America invaded Canada under General Montgomery, and laid siege to Quebec for some months. The crops of wheat had failed that year in Canada, and especially at a place called 'La Baie de St. Paul,' on the eastern bank of the St. Lawrence. The presence of the American army increased the scarcity of bread. Towards the spring of 1776, a pustulous eruption, attended with nodules, necrosis, &c., broke out at 'La Baie St. Paul,' and destroyed a great number of the inhabitants. It spread all over the country, and caused such alarm that the English Government sent medical officers from England with food and all kinds of comfort to Canada. This epidemic was supposed to be contagious, and was called by the medical profession 'The New Venereal Disease of Canada.'" This was in 1776, when they knew very little of the venereal disease, or they would not have suspected that it was of a venereal character. "But it had this peculiarity, that although said to be contagious in general, the genital organs were not affected. Who does not at once see in this epidemic outbreak of disease the want of proper food as the cause?" And a very legitimate question, for who does not see it? Then you speak of the food of the French army. "That part of Portugal through which the French army advanced to the lines of Torres Vedras, in 1810, was laid waste by us, as to food for man and beast, as we retired before the French army. The French army on its advance to, and on its retreat from, Torres Vedras, consumed and destroyed the food for man and beast which had escaped us; and the consequence was, that the inhabitants of that district were in a starving condition, although the English Government spared no expense to relieve them." Then you say (speaking of the

period after the retreat from Burgos), "I saw hundreds of the poor creatures labouring under entaneous diseases." But I should have said that a man of your diserimination and experienee ought to have specified what was the character of the eutaneous disease, whether it was pustula, or whether it belonged to the elss which is now pretty well recognized as roseola, and those gentlemen who are experieneed in thesc matters called it roseola syphilitica. The following is your résumé at page 64:—"To resume—1st. Since the two most eelebrated nations in the world are England and Franec for their pathological professors. 2nd. Since these pathologieal professors eannot at the bedside demonstrate the presenee of a syphilitie virus. 3rd. Since all the consequnces of the presenee of this supposed syphilitie virus may be indueed, and are indueed, by known and natural eauses, irrespeetive of syphilitie virus. 4th. Since all the consequnces of the presenee of this supposed syphilitic virus may be and are eured without the administration of its supposed specific remedy—mereury. 4th. We must eonclude that thire is no such thing as a syphilitie virus?"—You have not mooted the question whether there is or is not any premonitory symptom of syphilis.

Dr. Donnet.—40. I understand you to say, that you do not consider that hard eliancre is a proof of the existence of syphilis?—Exactly. I have had in the army a man wounded in the yard, having been touched with a ball, and the base has been perfectly hard. If you apply to a person in perfect health eaustie to the prepuee you have a hard base, therefore, I must doubt that hardness is a proof of the existence of syphilis.

Dr. Wilks.—41. Do you ever see persons suffering from copper-coloured sealy rashes, with ulcerated throats, and nodes on their bones?—Yes; I have seen that repeatedly.

42. Do you find on inquiry that such persons have had a sore on their genital organs some weeks or months before?—I am not aware at this moment that I have made that inquiry.

43. You think they arise spontaneously under various circumstances?—From starvation.

44. Do you think that they are produced by the remedies?—I

have seen copper-coloured eruptions and nodes produced by mercury.

45. Have you seen nodes and iritis produced by mercury?—I have seen nodes and necrosis of the bone, both in the legs and in the arms, and in the nose, as the consequence of mercury.

46. You say that there is no pathognomonic sign of a primary syphilitic ulcer, and, if so, you say, how can the symptoms of secondary syphilis be recognized. Are you aware that it is not the custom of physicians in London to treat primary syphilis, and therefore do you infer that they can know nothing of constitutional diseases which they are in the habit of treating under the name of syphilis every day of their lives: it is not the habit of physicians in London to see primary sores, but they are in the habit of treating diseases which they call syphilitic. Do you infer that they ought not to do so when they know nothing of them?—Decidedly they ought not to treat them, if they have not seen the sore. No man can treat a secondary if he does not know the primary. In France every one treats it, but the thing is to be treated primarily.

Chairman.—47. Your practice has been with primary sores?—Yes.

Dr. Wilks.—48. You say that on one occasion you sent a surgeon to examine a woman?—Yes; I constantly inquired, whenever a person came to consult me, whether the woman was on the town.

49. That was not with reference to any disqualification of your own, but it was a matter of convenience, I suppose?—I did not expose myself to go into every bawdy-house.

50. You mention that there are a large number of diseases said to arise from syphilis?—Twenty-five.

51. Are you aware that many persons now hold the opinion that owing to the great resemblance of all these changes, it is an argument in favour of their arising from a single virus?—Certainly not. Forty years ago in France everything was syphilis; here there is very much the same, everything is syphilis; secondary symptoms are syphilis; all ulcers upon the tonsils are called syphilis.

52. I rather wanted to know whether you admitted the fact, that others hold a contrary opinion to yourself, namely, that they consider that all these distinct diseases are very much alike, and because of their resemblance they have an argument in favour of their having a single cause?—Holding an opinion, and being correct, are two different things. Hence it is that I did not accept a seat upon your Committee when I was offered it. I wanted to hear other opinions.

53. You say in your introductory letter at page 6, "Let the history of the cases of the so-called syphilitic disease be carefully reordred, and then let them be treated only by ablution of the parts, attention to diet, and to the general health, but on no account administer any preparation of mercury, or any other medieine, but under the advice of the Medical Commission. Let the Commission see these eascs at least twice a-week till they are discharged from the hospital. Let the Commission inspect these men monthly after they are discharged cured from the hospital for at least a year; and if any of these men should leave the country with their regiments, the surgeon of the regiment ought to report to the War Office every six months after they have left the country the state of health of these men; and if any symptoms of what have been heretofore considered symptoms of secondary syphilis should appear, these men ought to be seen and examined by a medieal commission. I repeat, acquainted with medieal science, and reported on to the War Office, and not left to the report of the regimental surgeons, however respectable they may be. If these severest cases, so left to the effects of nature to be cured, remain one year free from what is now called secondary symptoms, it will be a proof that they were not afflicted with a syphilitic virus." I understand, from what you have said to-day, that if they were followed by symptoms, you still would not believe that they were at all associated?—I rather said that I would not rely upon anything which I did not see.

54. I understand that you will not admit the contrary?—What do you mean by the contrary?

55. You state that if a certain number of cases under inspection

for a year, and no so-called secondary symptoms follow, we ought to look upon it as a proof that there is no syphilitic virus?—Certainly.

56. But I want to know whether if we did find symptoms follow you would call it a proof that there is syphilitic virus?—I should like to see it; I have been at that work for forty-eight years.

Mr. Quain.—57. Is it your opinion that there is no such constitutional disease as syphilis?—Certainly; I know of none.

58. Is it your opinion that the appearance commonly known as belonging to secondary syphilis arises from common causes?—Certainly.

59. Supposing such secondary symptoms, as they are so named, to arise after an infecting sore, so-called, on the genital organs, do you believe that the eruption on the skin, the iritis, and other appearances, would equally have occurred if no sore had existed?—I first of all must be quite certain of the sore, not what another person would say; I would go by my own judgment.

60. I do not ask about the sore, but I say that those eruptions and other general appearances occur after a sore on the penis?—There may be a sore not syphilitic, because I know of no symptoms by which you can diagnose that it is syphilitic.

61. Would those general symptoms, the eruptions on the skin and so on, equally have occurred if there had been no sore?—Perfectly; it depends upon diet, and upon different things independent of the sore. For instance, in a case which I have already mentioned, there was an eruption on the skin, the cause of which was declared by all the medical men, eight or nine against me, and I went to every house and got the woman at last, and they were obliged to give in.

62. Do you believe the disease of the skin, and the disease affecting other parts arising after, or with a sore on the genitals, to be the same as if they had existed without a sore on the genital organs, or without any communication with a female?—You have sores on the genitals without any communication with females.

63. I do not ask with reference to the sores, but I say would those general symptoms affecting the skin, the eye, and the throat,

be severally the same as if they had existed without a sore on the genital organs?—Yes; with respect to iritis, do not you have iritis without syphilis? Therefore, why should you say that iritis is caused by syphilis?

64. As regards the sores, you state in your letter to the First Lord of the Admiralty, at pages 17 and 18, "When a young and vigorous man has sexual intercourse with a female having a spasm in the vagina, he too often uses force. He injures himself. The next day or the day after he rushes to his medical adviser, who, if he is a prudent man, will have the female examined before he gives an opinion." You say afterwards, "Ninety-nine times out of a hundred she will be found to have a spasm in the vagina, but to be perfectly healthy otherwise?"—Perfectly so.

65. On the same subject elsewhere in your book entitled "Proofs of the Non-Existence of a Specific Venereal Disease," addressed to the Secretary of State for War, at page 7 of the preface to the second edition, I find the following passage:—"In conclusion, what I contend for is this, that the slightest wounds on the fingers and toes are cured in a few days by rest and ablution, without any bad consequences occurring. That in the act of sexual intercourse, in the state of orgasm in which the genitals of the man and the woman are, the genitals of the man or those of the woman, or both, may be wounded; that these wounds can be cured by rest and ablution, without any bad consequences following, any more than follow the cure of the simple wounds on the fingers or toes." Do you believe that the sores of whatever kind occurring on the genital organs of the male after communication with the female are the result of injury only?—Entirely.

66. Do you allow that sores of any kind proceed from contact with any sore on the female?—I have not seen it. Let me explain that. I have not seen a case of a woman having a sore and communicating that to a man. If you question the man he will tell you that at the moment of introduction he feels pain; he has either been wounded by a hair, or before he has had communication he had a sore upon the genitals of which he is not himself aware. I believe I have stated that in some of the houses of ill-fame of the

most respectable class, as they call themselves, they examine every man to see whether he has a sore or not, and if he has one, however trifling that sore is, they will not allow him to have any contact, and they tell him, "If you have any communication with one of our females, you will injure yourself, and you will go away and state that you have been diseased here, and you will destroy the reputation of our house."

67. Then you do not allow that sores of any kind proceed from contact with sores in the female?—I have not seen it.

68. Do you recognise any difference, as to the effect on the person, between soft sores on the genital organs and hard ones?—No.

69. In your opinion, is there any connection between any form of sore on the genital organs, and the eruption on the skin, the sore throat, the inflammation of the eye, and the rapid falling of the hair, commonly known as proofs of constitutional syphilis?—Certainly not.

70. Is the occurrence of the two conditions merely accidental?—Yes.

71. Have you registered the cases upon which you ground your opinions?—I have mentioned the regret which I expressed not to have registered these cases from the first. I never expected to be brought into an inquiry of this kind. The medical men who consulted with me are perfectly aware that I entertained those opinions when I went forty odd years ago to Paris, and when I consulted with all those men who are mentioned in my books. Hence it was that I impressed upon the Admiralty the importance of having a Commission which I was not on, so that I should not influence the Commission in any way whatever.

72. *Dr. Balfour.*—If you are correct in supposing that the large number of hard sores occurring in the army and navy are the result of the men applying caustic, as they formerly did lime to the eyes, to produce ophthalmia, for the purpose of being taken into hospital, how do you account for the large number of men who are constantly reported by the army surgeons for concealing their disease?—I told you what I saw about the eyes. I also told you that it would

be right not to make it known that the application of caustic would produce a sore which would lead the surgeon to infer that it was a syphilitic sore.

73. For the purpose of being taken into hospital?—For the purpose of being taken into hospital or away from duty.

74. Is not that supposition completely contradicted by the fact that the men evade going into hospital as much as they possibly can?—You will find, that in active service they do not evade going into hospital, hence causing the application of lime.

75. But as active service is an exception to the rule just now, we must argue upon the amount of venereal disease occurring when the men are not on active service, and when they decidedly evade going into hospital.—I speak of what I have known in the army. I have known the army for forty-six years.

76. Then, in the remarks which you make as to the practice in the army, you refer to what was common when you were serving forty-six years ago?—With reference to the eyes, certainly.

77. And also, I presume, with reference to the analogous case of the hard sore?—Of course. I have not had any intercourse with the army since; but I have had plenty of intercourse with the general hospitals in France, and there they do not admit hardness of the base as a proof of syphilis. You will see it in what I state as to Dr. Ricord. In a consultation which I had publicly with him, I said, “What are the symptoms which you have to denote syphilis?” He said, “Innoculation.” He doubted Mr. Hunter entirely.

78. From your answer, am I entitled to infer that your remarks upon the subject of the production of hard sores by caustic are founded upon your observation of the French hospitals, and not of the English?—I have been about here, and I have seen hard sores. I have not been in practice here in London.

79. But your conclusion as to the hard sores being produced by caustic is the result of your observation in the French hospitals, and not in the English?—And in the English hospitals in former times.

80. Forty-six years ago?—Fifty-three years ago.

81. You of course are aware of the difference between the constitution of the French Army and of the English Army, and that deductions from what you have observed in French hospitals are in very many respects not applicable to the British hospitals?—They are entirely applicable to the British hospitals.

82. They are not applicable in this respect, that the British soldier, in time of peace, at all events, avoids going into hospital as much as he possibly can, and the French soldier does not?—There are two modes of proceeding in France—the French soldier is not immediately thrust into hospital, he is put into a place of observation, to see whether the disease makes any progress; if it does make any progress, he is sent to the hospital. You are talking of the hard chancre—how very few chancre on the genitals are hard—they are not so common, as you seem to imply, either in this country or in France.

83. I beg to say, that I did not make any remark with regard to their being common or uncommon.—All your remarks were on the hard chancre. Dr. Evans will tell you that there are very few hard chancre. I do not quote myself, because I do not wish to quote myself, but there are very few on the genitals, and hardness is the exception.

84. In my question with regard to the hard chancre, I simply took your own statement as to the application of caustic, I did not say anything about their relative prevalence, which is quite another matter.—If you examine any man in a hospital, you will find that there is the hard base, exactly what Mr. Hunter states. Therefore, if you determine an ulcer on the genital by a hard base, Mr. Hunter's diagnosis must fall to the ground.

85. Did I apprehend you correctly, as stating that your personal knowledge of what occurs in the army hospitals of this country is the result of your own observations during the period of your own service, and not during the last forty-six years?—I have not been in practice here; I have seen some patients. I have been round your Lock hospitals, and I have formed my opinion from those.

86. But Lock hospitals are not Army hospitals?—Certainly not, but I suppose that they treat them in the Lock hospitals just in the same way as they treat them in the army.

87. Then I am correct in the supposition, that so far as your personal knowledge of the practice of the Army hospitals is concerned, it is the result of your observation during the period of your service, and not of observation made during the last forty-six years?—Certainly.

88. *Mr. Quain.*—In the paper which you have addressed to the Secretary of State, at pages 11 and 12, you have said, “In the interest of the Army, the attention of the Secretary of State for War is called to this subject, as the pathology, the etiology, and the medical treatment of this so-called syphilitic disease has never been scientifically studied by the Army Medical Department, and as their medical treatment is empirical, annually committing great ravage in the army, depriving the army of the services of thousands of men, if not destroying the lives of hundreds.” You also say in the “Pathological Facts respectfully submitted to the Committee of the House of Commons,” at page 21,—“If my information is correct, the Committee leave the pathological question where it was, and they doom the sailor and soldier to be destroyed by a medical treatment for an imaginary specific disease, as the soldier and sailor are now doomed to be destroyed by cholera, assisted by the medical treatment, because the Government refuses to see that the soldier and sailor receive the best medical treatment that medical science can give.” There is another quotation which goes to the same fact. At page 66 of the larger pamphlet, it is said, “The War Office have an army of 400,000 men distributed in various parts of the globe, and a staff of about 1,500 medical officers also distributed in various parts of the globe. If the attention of 1,500 medical officers were directed to the study of the pathology, the etiology, and medical treatment of this so-called syphilitic disease, and if the researches of these 1,500 medical officers were carefully and scientifically recorded, in a few months there would be an amelioration as to this so-called syphilitic disease in the army—the army medical officers would not go on as they are now going on—to consider every ulcer on the genitals as syphilitic, and to be treated only by mercury, and consequently injure their patients.” I would ask you on what evidence you make those

statements?—Taking the first statement which you have read, the disease of syphilis has never been examined scientifically, and I have a proof of it in Hunter—it has never been scientifically considered by any Committee, by any Government authority, or by any individual. That being the case, the army medical men and the navy medical men follow Mr. Hunter, who stated that syphilitic virus was a cause of syphilis and of gonorrhœa, a fact which is complete nonsense, and therefore the army medical men and the navy medical men have treated the disease empirically by going by Mr. Hunter.

89. You say, in the third passage which I have read, “The army medical officers would not go on as they are now going on—to consider every ulcer on the genitals as syphilitic, and to be treated only by mercury.” Upon what evidence do you state that?—I understood from medical officers, that Mr. Alexander reported that every sore upon the genital should be inserted as syphilitic.

90. I will call your attention to the “Directions issued for recording cases of primary venereal lesions and their consequences, with a view to obtaining more accurate diagnostic information respecting the disease, to which are added a few directions on treatment by mercury.” These are the directions given to each young man who goes to Netley.—That is since my publication.

91. I have “Observations on the treatment of syphilis, with an account of several cases of that disease in which a cure was effected without the use of mercury, by Thomas Rose.” That paper is published in the *Medical and Chirurgical Transactions*; it was read on June 24th, 1817.—It was written in 1814.

92. It is published in the *Medical and Chirurgical Transactions* in 1817. I also have the work of Dr. Hennen.—He was no authority.

93. He says, “From the statement above made, it would appear that *all kinds of sores*, or primary symptoms of syphilis, may be cured (as far as a period of nearly two years will warrant the conclusion) without mercury.” How do you reconcile this with the charge that the medical men treat all such cases with mercury?—Mr. Alexander was at the medical board, and gave an order to the

effect that all sores upon the genitals were to be entered as syphilitic.

94. *Dr. Balfour.*—I am not aware of Mr. Alexander having given any such order. I am aware that we were ordered by Lord Herbert to adopt Dr. Farr's Nomenclature of Diseases, but I am not aware that Mr. Alexander gave any order that sores on the genitals were to be returned as syphilis.—I certainly submit that I was told of such an order, but I will find out; if I am wrong, I will acknowledge it.

95. I am quite aware that Lord Herbert ordered the army medical department to adopt Dr. Farr's Nomenclature and classification, and he did, notwithstanding a remonstrance from myself.—Still it was done.

96. As an old medical officer, you know that any order issued by the Secretary of State for War must be obeyed in that respect.—But still it was done.

97. But there was no order that such cases were to be treated with mercury, and such cases are not treated with mercury.—It may be so, but still they were put in the syphilitic list, that is all I contend for.

98. But you contend in your pamphlet, that all those cases are treated with mercury?—If you put them all in the syphilitic list, I must contend that they are treated by mercury.

99. Are you not aware that a large number of army medical officers give no mercury whatever in any form of primary sore, whether they consider it as a single ulcer or as syphilitic?—No, I was not aware of it, because you are so liberal in the army with mercury, that I cannot suppose for a moment that it is not used in those cases.

100. Upon what authority do you state that they are so liberal—is it upon the authority of your own observation during your former service, or is it upon hearsay evidence?—Upon my own observations formerly.

101. Forty-six years ago?—Forty-eight years ago.

102. Are you not aware, that after the publication of Rose's book, a complete change took place in the treatment of venereal

diseases by the army medical officers, and that at the present time the large majority of them treat those diseases without mercury at all, or with mercury only in such cases as are considered to be cases of infecting sores?—You cannot do me a greater pleasure than by stating that fact. I hope that it will go to the world, that at this moment the army medical officers do not do as they did in my time, give mercury helter-skelter. You now bring the best proof that you can bring, I take it as such, and I hope that it will go as such, that my views are correct.

103. Such being the case, you being rejoiced to hear upon my authority that a large number of medical officers do not treat the disease with mercury, are you prepared to retract the statement which you have made, so injurious to the army medical officers, that they treat all their cases with mercury?—I will retract it if you can prove to me that an immense number do not give mercury. I will then retract it most pleasantly, because you will do me an immense service.

104. In the meantime you admit that the statement is founded upon your personal observation forty-six years ago, and not upon personal knowledge of what has occurred since?—From the account which I had from medical men of your Board, and other medical men, I thought that you still gave mercury; but I repeat that if you can bring forward proper proofs to prove that I am wrong, I shall thank you and retract.

105. And you will make, I hope, a handsome apology?—My retraction is sufficient.

106. *Dr. Donnet.*—You have stated that naval medical men consider Hunter's a standard work?—Yes.

107. And that they act upon the treatment recommended by him?—Yes.

108. Will you allow me to say that the medical men of the navy only consider Hunter's a classical work when they have become acquainted with the actual state of syphilitic diseases?—I went to your chief, I do not go behind any man's back whocver he is, and I went to Dr. Balfour's chief too. I went to Dr. Donnet's chief, and I put the question to him: "Why should not

you have syphilis examined into?" I did so before I wrote all these papers. I said, "You will make awful havoc in the navy." I said, "How do you treat the disease?" "He said, "We treat it *secundum artem*." I said, "Why still hold by Hunter?" He said, "My dear fellow, we treat them *secundum artem*."

109. I merely state from my own observation what I have known from many of my own medical brethren, that they only consider Hunter's as a classical work when they have become acquainted with the state of science as it is known at the present day; but that they are not influenced by the treatment which Hunter puts down?—I am exceedingly glad to hear it, and am quite ready to make an apology to you, and to the army. I went to Dr. Bryson, and Mr. Romaine spoke to me; he sent for me, and spoke to me about salivation: that the patients were salivated in the navy.

110. *Mr. Quain.*—With respect to the difference of opinion between yourself and an eminent authority, as to the treatment in the army, Sir Benjamin Brodie says, "I had frequent opportunities of seeing Mr. Rose's cases, and from time to time I watched their progress with him. Every sore upon the organs of generation got well under his management; many of them probably were not venereal, but of course many of them were. Not only did the sores heal, but the consequent hardness of the clitoris disappeared. Some of the secondary symptoms were slight and others were severe, in fact, exhibiting nearly the usual character; but they were removed without the use of mercury. Mercury was had recourse to in only two or three cases, and there it was rendered necessary to save the eye, in consequence of inflammation of the iris supervening. From these facts Mr. Rose came to the conclusion, which these cases certainly seemed to justify, namely, that syphilis was curable without the use of mercury. Other army surgeons repeated these experiments with the same results, and I believe that the disease is even now treated in the army to a great extent on the same system. These observations led a certain part of our profession to a view on the subject entirely different from that which had been entertained previously. They not only alleged

that mercury was unnecessary for the cure of syphilis, but that it did a great deal of harm, and that the introduction of it into the system was actually worse than the disease which it was intended to cure." These opinions were published in 1846, by Sir Benjamin Brodie. Mr. Samuel Cooper has said in his *Dictionary*, at page 1443, "The investigations made in the military hospitals decidedly prove that all kinds of eruptions supposed to be venereal may be cured without mercury." If such men as Sir Benjamin Brodie in 1846, and Mr. Cooper, in 1838, believed that the army surgeons had made a great improvement in the views generally entertained respecting mercury, and treated the disease in a great measure without mercury, how can you reconcile with those gentlemen's statements your assertion now, that men in the army are at present treated with mercury?—Are they, or are they not?

111. *Dr. Balfour.*—They are not?—You say that mercury is not used.

112. I do not say that it is not used in certain cases, but that the use of mercury is an exception to the rule?—Very well.

113. *Mr. Quain.*—Do you believe that those statements by Sir Benjamin Brodie, and by Mr. Samuel Cooper in his *Dictionary*, are erroneous?—No; if you read my pamphlet you will find that they agree with me that mercury should not be used.

114. They say that military men do not use it, you say that they do?—I go by what I heard from medical men when I came back from France sixteen years ago.

The witness withdrew.

Adjourned to Friday next at 4 o'clock.

[No. 3.]

COPY OF A LETTER TO MR. SPENCER SMITH, *Secretary to the Medical Committee on Venereal Disease.*

London, 10th January, 1865.
34, *Bruton Street, Berkeley Square, W.*

SIR,

You are aware that I have stated that there is no such thing as a syphilitic virus; and that, on my suggestions, the Government have appointed the Medical Committee, of which you are the Secretary, to inquire if there is such a thing as a syphilitic virus; and if so, what are its pathognomonic symptoms?

As I have been examined by the above Committee, and as, in my opinion, I have not had an opportunity to demonstrate, to my satisfaction, the grounds on which I stand—to assert that there is no such thing as a syphilitic virus—permit me to place before the Committee the proofs that I have, that there is no such thing as a syphilitic virus.

There are only two syphilidographers of the past or present age, whose opinions deserve attention, as to the existence of a syphilitic virus.

These are the late Mr. John Hunter of London, and the present Dr. Ricord of Paris.

Let us see what right these gentlemen had, or have, to be considered as authorities that there is a syphilitic virus.

The late Mr. John Hunter states, at page 23 of his monograph on the venereal diseases, published in 1786, “*that syphilis and gonorrhœa are caused by the same virus, that neither of the two ways in which the disease manifests itself is owing to anything peculiar in the kind of virus applied, but to the difference of the parts contaminated.*”

If I were before a court of justice, I would not say another word. There, it is an axiom, that where the premiss is wrong, the sequent is wrong.

At this moment every one knows that syphilis and gonorrhœa are not caused by the same virus.

But out of respect for the late Mr. John Hunter let us not dismiss him summarily. There is a disease which attacks the genitals of males and females—but especially of males, hence the name, “herpes præpucialis.”

This disease comes on spontaneously, that is, without any sexual intercourse, and which has symptoms so identical with those which Mr. John Hunter states are pathognomonic of syphilis; that as Mr. John Hunter has not mentioned herpes præpucialis, we must conclude he did not know this disease, as distinct from syphilis, and that he has given us the symptoms of herpes præpucialis for those of syphilis.

Therefore, on the late Mr. John Hunter’s own showing, we are forced to arrive at the conclusion that he did not know the ethiology, or the pathology, of syphilis or of gonorrhœa; and that his monograph on venereal diseases is a work of imagination, and not a work of pathological investigation.

See BATEMAN on *Cutaneous Diseases*.—Article, *Herpes præpucialis*.

Let us now pass from the late Mr. John Hunter to Dr. Ricord, and let us see what is the value of his proof that a syphilitic virus exists.

Two and twenty years ago, at a public consultation with Dr. Ricord on this question, whether there is or there is not a syphilitic virus? I brought him to admit, that by the use of his eyes, or by the use of his touch, he could not recognise the existence of a syphilitic virus, but that he could do so by inoculation.

I immediately took note of this, and I reminded him that in herpes præpucialis the ulcer, while in a state of active inflammation secretes inoculable pus,—that in solutions of continuity in the human body, while in a state of active inflammation, secretes inoculable pus,—consequently I informed him that his inoculation, as a proof of the existence of a syphilitic virus, was an error, placed in lieu of Mr. John Hunter’s error, of the indurated based ulcer as a proof of syphilis.

Dr. Ricord is now so well aware that inoculation is no proof of the existenee of a syphilitie virus, that he tells his followers to take care that the ulcer from whieh they are about to take pus for inoculation is in a state of active inflammation—that is, that the ulcer has not existed fourteen days.

Therefore, since the part of the prepucce on which herpes præputialis exists, and the part of the human body where a solution of continuity exists, will secrete, while in a state of active inflammation, inoculable pus, where is the proof of the existenee of a syphilitie virus?

And therefore as the late Mr. John Hunter was not acquainted with the ethology, or with the pathology of syphilis,—

We must conclude that since the two greatest syphilidographers, whether in the past or present age, have failed to demonstrate the existenee of a syphilitie virus, we must conclude, I say, that there is no such thing as a syphilitie virus.

I have the honour to be, &c.,

(Signed) DAVID MACLOUGHLIN, M.D.

Member of the Legion of Honour.

SPENCER SMITH, Esq.

[No. 4.]

COPY OF A LETTER *from Mr. SKEY*—whieh I returned for re-considering.

(*Private.*)

24, Mount Street, Grosvenor Square,
30th January, 1865.

DEAR SIR,

It has been my agreeable duty, as Chairman of the Committee on Venereal Diseases, to express the thanks of the Committee to all the gentlemen who have appeared before us, at the conclusion of their evidence.

If I failed in the expression of our thanks to you, when you attended the Committee for the purpose of giving expression to

your views on the subject of venereal diseases, it was, on my part, an unintentional omission.

And I beg now to convey them to you.

I am not aware that I had omitted to do so essential a part of my duty as the representative of the Committee.

I am, dear Sir, faithfully yours,

(Signed) F. C. SKEY.

DR. MACLOUGHLIN.

[No. 5.]

COPY OF A LETTER to the *Secretary to the Admiralty*.

20th April, 1865.

In the interest of the navy, in the interest of the army, permit me to solicit the favour that the following facts be brought before the Admiralty.

When the Medical Committee, now sitting at the Admiralty to inquire if there is or not a syphilitic virus, was appointed, I placed in the hands of the President of that Committee the names of medical gentlemen, who, if they do not go so far as I do, and deny the existence of a syphilitic virus, yet, by their medical treatment, they prove that there is no such thing as a syphilitic virus; and I took the liberty to request that these gentlemen might be called to give their evidence before the Committee.

Among the names which I handed to the President, is that of Mr. Holmes Cootes, surgeon to St. Bartholomew's Hospital, a gentleman who has charge of the largest wards for the treatment of the so-called syphilitic disease in London, and who as a rule cures his patients by bread pills.

As the Committee, on the 6th December last, when I was examined before them, assumed, without the slightest attempt at any pathological investigation, that there is a syphilitic virus, and again and again refused to hear my scientific proofs, that there is no such thing as a syphilitic virus; and ultimately agreed to receive

my scientifie proofs of the non-existenee of a syphilitie virus, only after I had informed the President that I should report the refusal of the Committee to reeeeive my proofs of the non-existenee of a syphilitie virus to the Admiralty.

Therefore, from the manner this Committee reeeeived and examined me, on the 6th Deeember last, and from their assumption, without the slightest attempt at any pathologieal investigation, the existence of a syphilitie virus—which they were appointed to study and to demonstrate its existenee or not by scientifie pathologieal researches,—I am satisfied that they have deeided to examine only those medieal praetitioners who agree with them that there is a syphilitie virus, and that they have determined to avoid bringing before them any medieal praetitioner who entertains a different opinion to themselves.

And therefore with every sentiment of respect, in the interest of the navy, in the interest of the army, I entertain the hope that the Admiralty will be pleased to direct that Mr. Holmes Cootes, surgeon to St. Bartholomew's Hospital, may be called and examined before the above Medieal Committee, as to the pathology and as to the medieal treatment of the so-called syphilitie disease.

[No. 6.]

COPY OF A LETTER *from the Admiralty to Dr. MACLOUGHLIN.*

22nd April, 1865.

SIR,

I am commanded by my Lords Commissioners of the Admiralty to acquaint you that your letter of the 20th instant, suggesting that Mr. Holmes Cootes, surgeon to St. Bartholomew's Hospital, be examined before the Committee appointed to investigate the subjeet of Venereal Diseases, has been referred to the Committee.

I am, &c.,

(Signed) W. G. ROMAINE.

To DR. MACLOUGHLIN.

